| ARY O. | SECRETARY OF STATE |
|---|--|
| REPORT OF RECEIPTS AND DISBURSEMENTS | 3 |
| 2010 Non-Judicial Election | |
| Name of Candidate Ohy Hives | ECETAE |
| Address P.O. BOX 114, Greenville, ms 38701 | JAN 3 1 2011 |
| Telephone 662-872-0476 Fax | Secretary of State Capitol Pilica INTO |
| Contact Name Email Wesh wes 2 @ Hota | h// con |
| Office Sought MS. House OF Reprense Political Party Demeco | rote |
| Check here if above is different from previous report | |
| TYPE OF REPORT | |
| expenditures and has no outstanding campaign debt obligation) obliga | Runoff CandidatesAll CandidatesRunoff CandidatesAll Candidates and Political Committees red to terminate reporting |
| (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In shall submit a report indicating "0" (Zero) for total amount of reported contributions and expend | such case, the candidate |
| (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in ac Ann. § 23-15-807 (b) (ii) and (iii). | 100 |
| (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reportal son a weekend or a holiday, the office must be in actual receipt of the required reports by 5:0 day before the deadline. Faxed reports are acceptable. | orting day. If the deadline 00 p.m. on the first working |
| PEDOPTED CONTRIBUTIONS AND DISCUSSIONENT | |

THE PERSON NAMED IN

| | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|---|--------------------------------------|-------------------------------------|--------------------------|
| Total amount of contributions | \$55 Dot\$ 1100.00 \$ | 659200 | \$ 6592.00 |
| Total amount of disbursements | \$3100 +\$ p00.00\$ | 4300.00 | \$ 4300.00 |
| Total amount of cash on hand | \$ | 2292-00 | |
| I certify that have examined the Signature of Candidate | is report and to the best of my know | rledge and belief it is true, Date | accurate, and complete. |

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutli-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

| Name of Candidate or Committee | John | HINES | Page |
|--------------------------------|------|-------|------|
| Reporting period | thr | ough | |

ITEMIZED RECEIPTS

| THE COLI | 10 | |
|---|---------------------------|------------------------------------|
| A. Source: Corporation AC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name A T+ T PAC | 71/10 | \$ 500.00 |
| Mailing Address 175 CAP: +01 South | | \$ |
| City, State, Zip Code 5 ACK SON MS. 7970 Z. | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 300.00 |
| B. Source: □ Corporation ☑ PAC □ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name ABBOTY LASS | 10/ 3010 | \$ 250. Qu |
| Mailing Address 4708 Hilldale Dr | | \$ |
| City, State, Zip Code KNOWUITE, TN 37914 | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 25000 |
| C. Source: □ Corporation ☐ PAC □ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Miss; ss: pp: Dental Assiccation | 105110 | \$ 1000.00 |
| Mailing Address 2630 K'age wood | | \$ |
| State, Zip Code SAC (SONE) IN S | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 1000.00 |
| D. Source: □ Corporation □ PAC ☑-findividual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt |
| Full name IRA Benstannin | | \$ 1000 ero |
| Mailing Address | | \$ |
| City, State, Zip Code Pack SON m S | | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year-to-date | \$1000-00 |

| Name of Candidate or Committee | John | Hines | Page of | 9 |
|--------------------------------|------|--------|---------|---|
| Reporting period | | hrough | | |

ITEMIZED DISBURSEMENTS

| A. Full name AltriA Client Services | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---------------------------|---|
| Mailing Address P.O. BOX 24087 | 10/1/10 | \$ |
| City, State, Zip Code | '' | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$300.00 |
| Merck + Co. Inc | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 2479 Mer Frees bro RD | 11510 | \$ |
| City, State, Zip Code NAShv.11e, TNN. 37217 | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 250.00 |
| C. Full name Check-N- CASh | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 11,20,10 | \$ |
| SACL SONE MS 39212 | //_ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 250.0x |
| D. Full name Mill Crepk | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| State, Zip Code 5 Achson MS 39212 | 12510 | S |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 250.00 |
| E. Full name ATMOS ENGUENT PAC | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | //_ | \$ |
| Sity, State, Zip Code SRCKSON, MS 39212 | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 500.00 |
| F. Full name Chris Mineral | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | //_ | s |
| City, State, Zip Code JACKSOW, MS | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$500.00 |

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| Name of Candidate or Committee | JOHN | Hines | Page | _ of | |
|--------------------------------|------|-------|------|-----------------|--|
| Reporting period | thro | wah | | an) | |

ITEMIZED DISBURSEMENTS

| A. Full name U.S. Postal | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|---------------------------|---|
| Mailing Address | 5,20,10 | \$ 750.00 |
| City, State, Zip Code Creen Uille, MS 31701 | 12/01/10 | \$ 150.00 |
| Purpose of Disbursement (Optional) DOSTA 4- | Aggregate Year-to-date | \$ 15,00,00 |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | & 15/10 | \$ 350.00 |
| City, State, Zip Code Tyreenulle, MS 38703 | 1210/12 | \$ 250.00 |
| Purpose of Disbursement (Optional) Raido ADDS | Aggregate Year-to-date | s 6 6000 |
| C. Full name Town it Andlers ory | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 10,61,10 | s 1000.00 |
| City, State, Zip Code Dack Sone, ms 39217 | //_ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 1000.00 |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | _/_/_ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | S |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | // | \$ |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | S |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |

Will Admend